

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 14 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000055526**

1. Corporation Name

KeeTre Realty Inc

2. Principal Office Address

717 Village Pl.

Suite, Apt. #, etc.
Brandon Florida

City & State

33511

Zip

Country

USA

3. Mailing Office Address

P.O. BOX 6632

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

335086011

Country

USA

10/27/06 01026 018 \$600.00
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-20-02

5. FEI Number

900112236

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Treshena L. Harrelson**

Street Address (P.O. Box Number is Not Acceptable)

717 Village Place

Suite, Apt. #, Etc.

City

Brandon, FL 33511

State
FL

Zip Code

33511

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Treshena L. Harrelson

Date

10/27/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Treshena L. Harrelson	P.O. BOX 6632	Brandon, FL 33511

REINSTATEMENT

03-06 11/14
[Signature]

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Treshena L. Harrelson

Treshena L. Harrelson

Date

10/27/06 (813) 786-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **9260**